



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101
Courier 56-20-02 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director
919-733-3983

December 8, 2006

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

**ATTENTION: ADULT SERVICES SUPERVISORS AND PROGRAM MANAGERS
SPECIAL ASSISTANCE SUPERVISORS
SPECIAL ASSISTANCE CASEWORKERS**

SUBJECT: REGISTRATION FOR SPECIAL ASSISTANCE IN-HOME TRAINING EVENTS

The NC Division of Aging and Adult Services will offer a series of Special Assistance In-Home trainings during January 2007. The trainings will be offered five times at different sites across the state.

The one-day workshop is designed specifically for SA/In-Home caseworkers, SA supervisors, Adult Services SA/In-Home Case Managers and Adult Services Supervisors. There will be two major areas of training: 1) SA/In-Home eligibility and 2) SA/In-Home Case Management. Emphasis will also be placed on the collaborative process required between the SA/IH caseworker and the SA/IH Case Manager, in order to have a successful outcome. The workshops will be held at the following locations on the designated dates.

Western Piedmont Community College Phifer Learning Resources Center Room 120 101 Burkemont Avenue Morganton, NC 28655	Tuesday, January 9
Craven County DSS 2818 Neuse Blvd. New Bern, N.C. 28561	Friday, January 12
Osterneck Auditorium 101 N. Chestnut St. Lumberton, NC 28360	Tuesday, January 16

Stanley County DSS 1000 North First St., Suite 2 Albemarle, N.C. 28001	Friday, January 19
Person County DSS 355B Madison Blvd. Roxboro, N.C. 27573	Friday, January 26

Brenda Porter, SA Program Coordinator in the Central Office, and the Adult Programs Representatives will conduct the training.

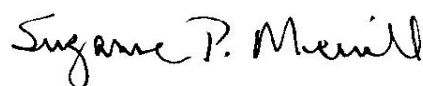
It is very important that both SA eligibility staff and Adults Services staff participate in this training. Counties may register up to 4 staff members (space permitting) for whichever training location is most convenient. Each training site has capacity limits. The workshops will begin with registration at 8:30 AM and end by 4:30 PM. Duplicate the attached registration form, as necessary, to accommodate the number of people attending the training event.

There is no registration fee; however, **pre-registration is required**. To ensure space availability at your chosen site, **please register at least 2 weeks prior to the date of your selected training event**. A completed registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, Adult Services Section, 2101 MSC, Raleigh, North Carolina, 27699-2101. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswLearn.org/>.

Should it be necessary to cancel or postpone any of these events due inclement weather, we will notify counties in advance.

Registrants will be sent a confirmation letter, directions to the training site, and a site telephone contact number. We regret that we are unable to provide refreshments. Participants are welcome to bring their own snacks and beverages to the training event. If you need additional SA/In-Home training information, you may contact Monica Nealous at (919) 733-3818, or your Adult Programs Representative.

Sincerely,



Suzanne P. Merrill, Chief
Adult Services Section

SPM/bp

AFS-22-2006

Attachment

Adult Services Section, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event?
(For prerequisite information please refer to the training description)

☐ Yes ☐ No
☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name?

"Goes By" Name: _____

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):

() _____

Work Phone & Extension (please include area code):

() _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____